

# **First Things First Needs and Assets Report**

***Hualapai Tribe Regional Partnership Council***

***2012***

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## FIRST THINGS FIRST

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## **Introductory Summary and Acknowledgments**

### **First Things First Hualapai Tribe Regional Partnership Council**

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## **Executive Summary**

*[The executive summary will be a one- or two-page overview of the report. We will include a summary of the current needs and assets in the region, and recommendations for the future.]*

## **Who are the families and children living in the Hualapai Tribe Region?**

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated Region or elect to be designated as a separate Region. The Hualapai Indian Tribe was one of 10 Tribes who chose to be designated as its own Region. This decision must be ratified every two years, and the Hualapai Indian Tribe has opted to continue to be designated as its own Region.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data provided by Hualapai Tribe agencies and departments, and findings from additional qualitative data collection that was conducted specifically for this report through key informant interviews with representatives from tribal agencies and departments in the Spring of 2012. Appendix X provides more detailed information about these data collection methods and instruments.

### **Overview of the Hualapai Tribe**

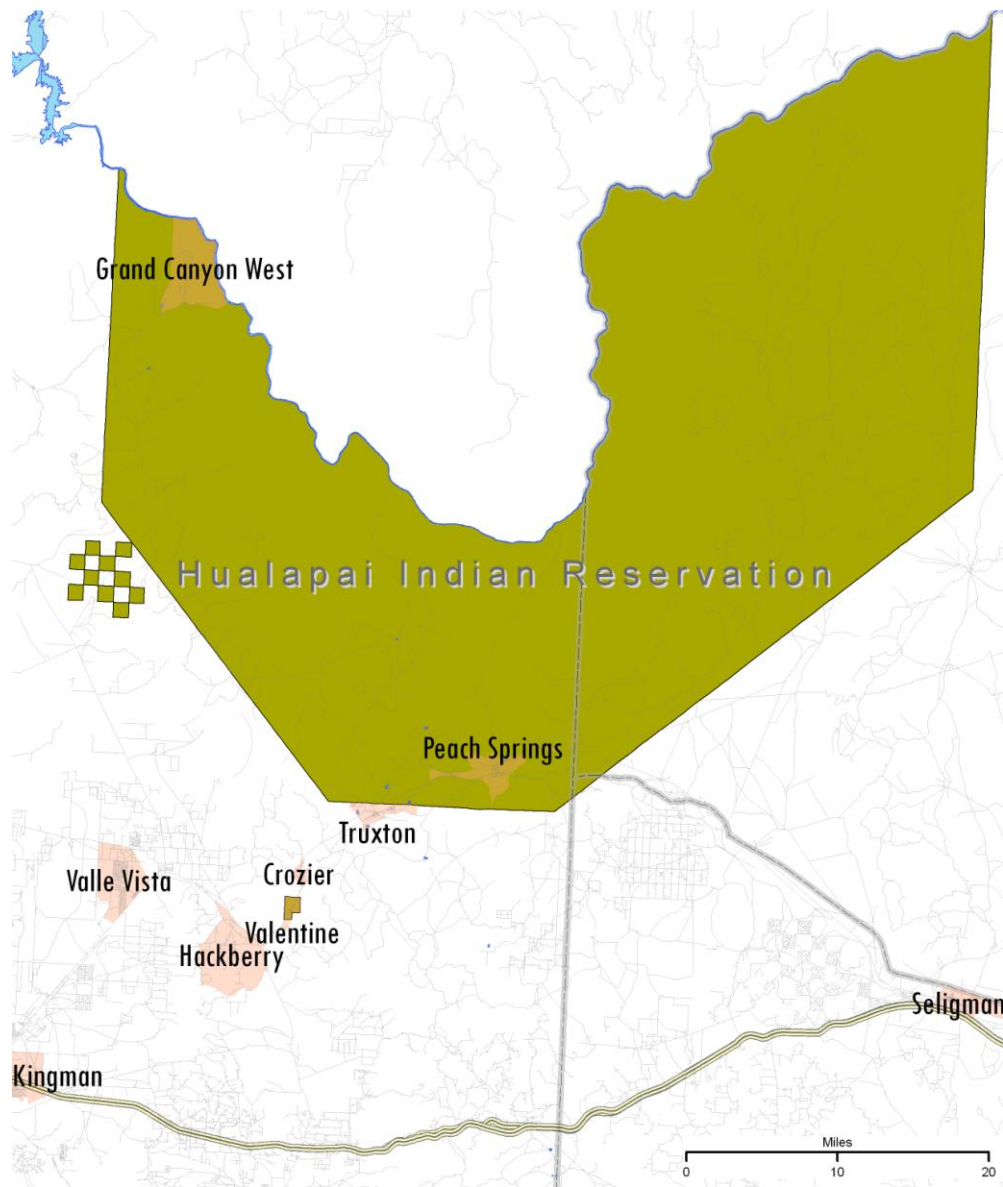
The Hualapai Tribe is a federally recognized Indian Tribe located in northwestern Arizona along 108 miles of the Grand Canyon and Colorado River. “Hualapai” (pronounced Wal-lah-pie) means “People of the Tall Pines.” The Hualapai reservation was established in 1883 by federal Executive Order. It encompasses about one million acres, which lie on part of three Arizona counties: Coconino, Yavapai, and Mohave. Elevations range from 1,500 feet at the Colorado River, to over 7,300 feet at the highest point of the Aubrey Cliffs. Most residents live in the Tribe’s capitol, Peach Springs, located along US Route 66.

### **General Population Trends**

Geographically, the boundaries of the First Things First the Hualapai Tribe Region essentially match those of the reservation, which lie on part of Coconino, Yavapai and Mohave Counties.

The map below (Figure 1) shows the geographical area covered by the Hualapai Tribe Region.

**Figure 1. Geographical area of the Hualapai Tribe Region**



According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Hualapai Tribe had a population of 1,335 in 2010 (the most recent year for which detailed population data are available), of whom 197 were children under the age of six. The population of children 0 to 5 years of age in the Hualapai Tribe Region (15%) constitutes a larger proportion of the total



population compared to the state as a whole, where only 9% of the population are children under six. This same pattern is reflected in the proportion of households with one or more children 0 to 5 years of age in the Hualapai Tribe Region, which is twice as large as the one for Arizona as a whole. **Table 1**, below, lists the total population and number of households for the state and the Hualapai Tribe Region.

**Table 1. Population and households by area in the Hualapai Tribe Regional Partnership Council**

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
All Arizona Reservations (Arizona parts only)	178,131	20,511	50,140	13,115	26%
Hualapai Indian Reservation and Off-Reservation Trust Land	1,335	197	362	123	34%

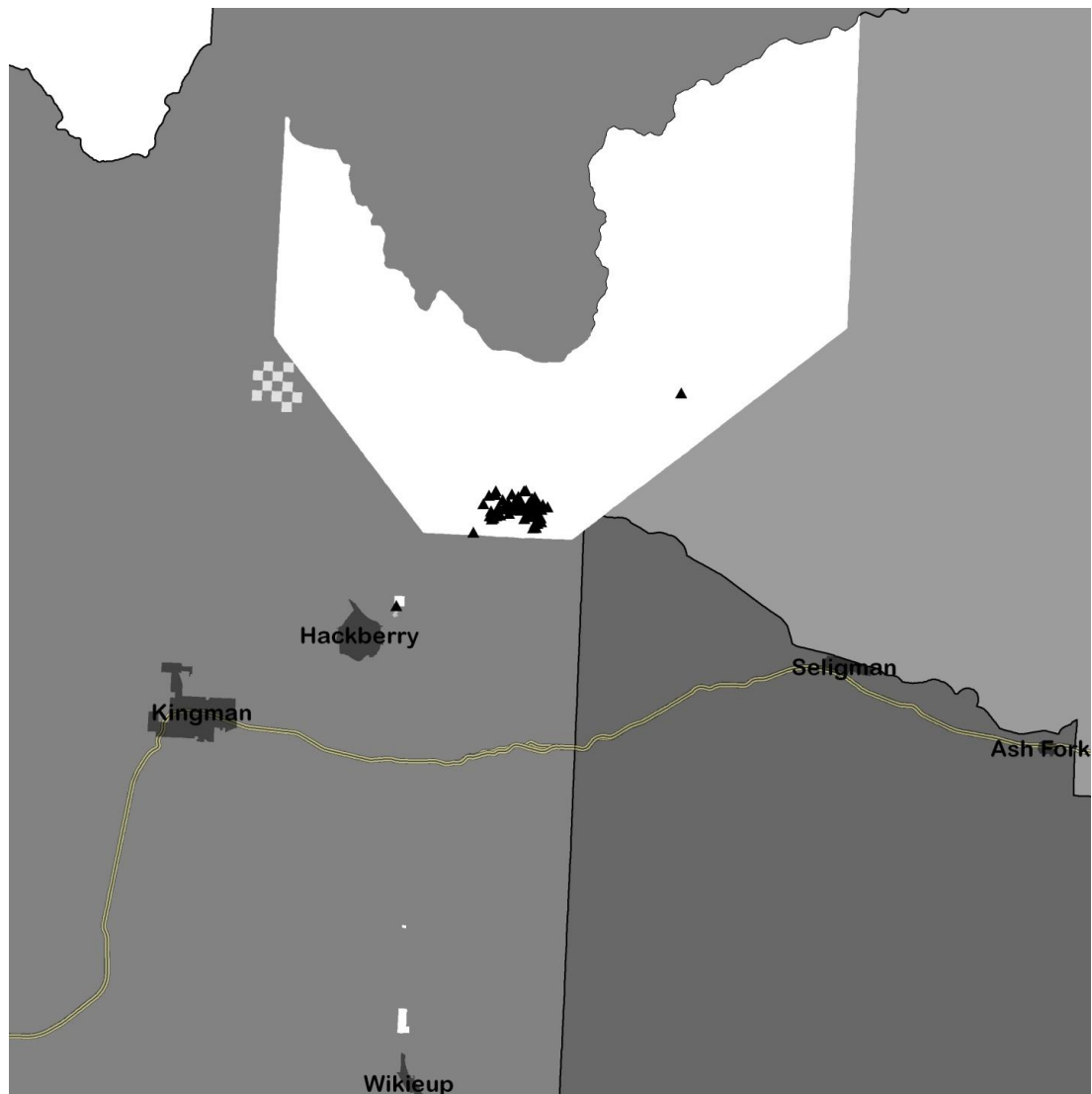
Source: US Census 2010, Tables P1, P14 & P20

Tribal enrollment data from the Hualapai Nation from 2010 shows that the total on- and off-reservation tribal enrollment was 2,178. On-reservation enrollment was 1,228. Of these, 412 were children 0 to 15 years of age (Hualapai Enrollment Department, 2010). Appendix X shows enrollment data for all age groups. It is important to note that census data from federally-recognized reservations may not match tribal enrollment numbers, which are kept by the tribes. Enrollment criteria are set by each individual tribe, while census data are based on self-identification.<sup>1</sup> In the case of the Hualapai Indian Tribe, it appears that the on-reservation tribal enrollment number is lower than the number of people living on the reservation according to Census 2010 data. This might be explained by the fact that members of other tribes also live on the Hualapai reservation (Hualapai Head Start, 2006).

Figures 2a, 2b, and 2c show the geographical distribution of children under six in the Region, according to the 2010 U.S. Census. Each triangle represents one child. For confidentiality, a triangle does not pinpoint a child's exact location.

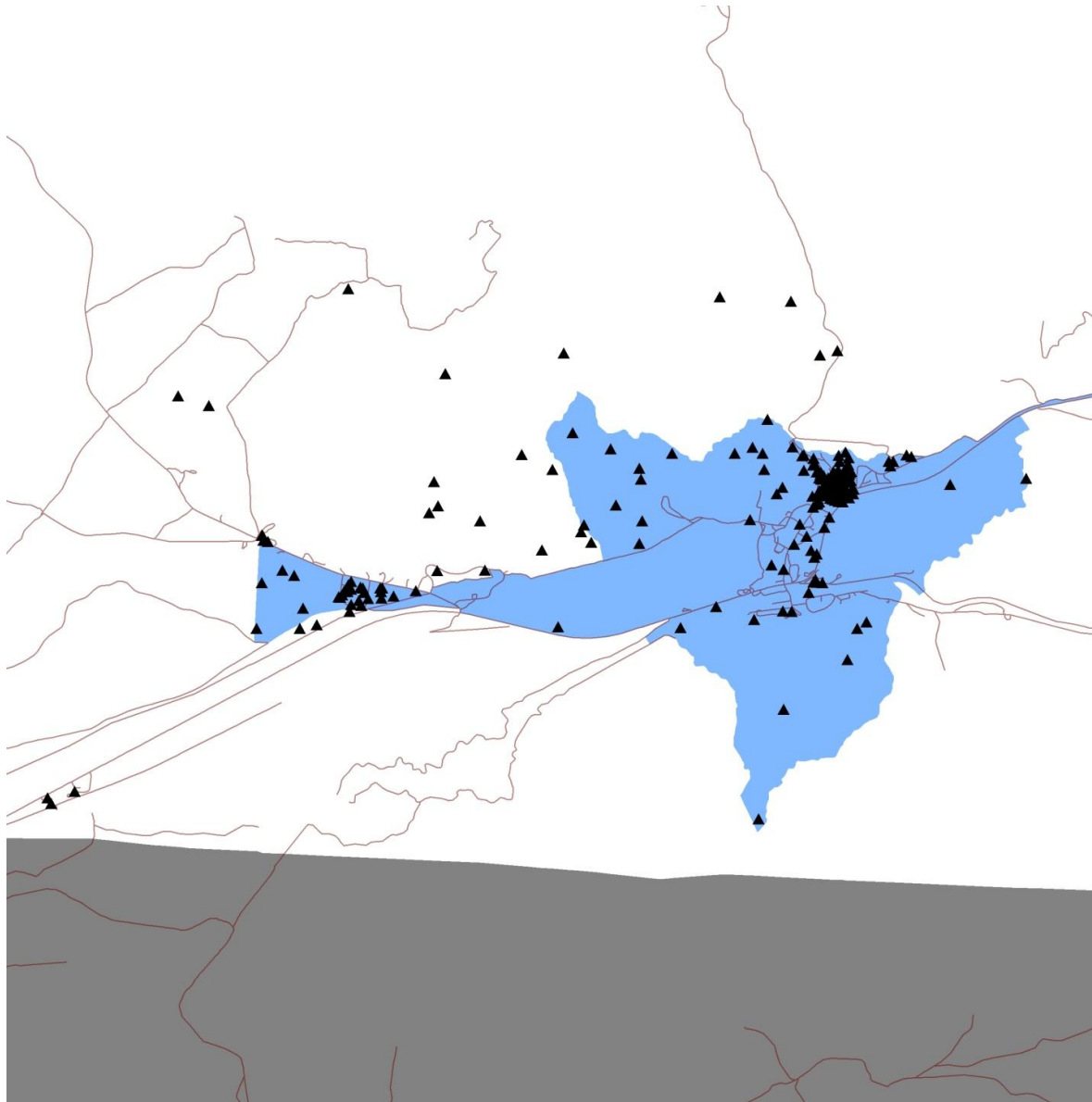
<sup>1</sup> [http://www.census.gov/aian/pdf/CensusFinalReport\\_07\\_color-hi\\_res.pdf](http://www.census.gov/aian/pdf/CensusFinalReport_07_color-hi_res.pdf)

**Figure 2. Geographic distribution of children under 6 living on the Hualapai Reservation according to the 2010 Census (by Census block)**



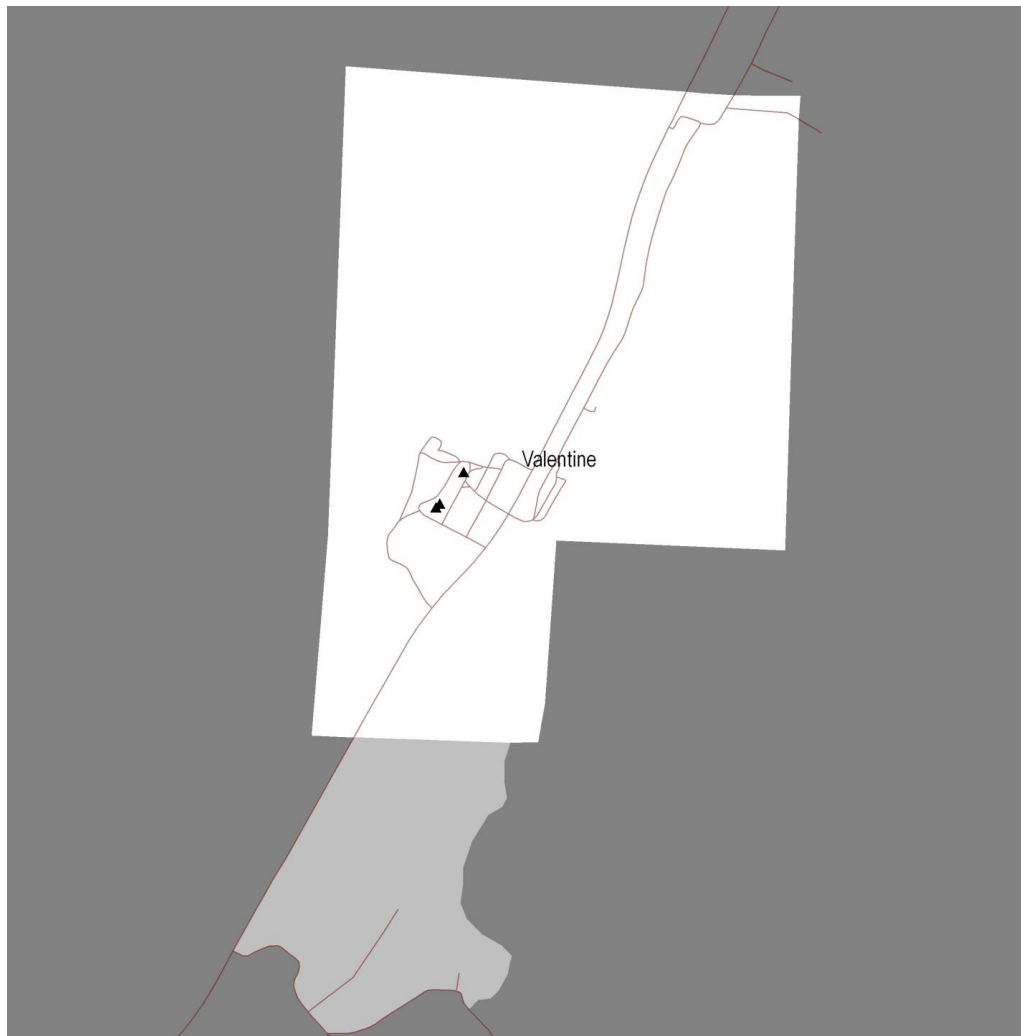
There are 197 children aged 0 to 5 on the Hualapai Reservation: 163 live in Peach Springs, 30 live near Peach Springs, 3 live in Valentine, and 1 lives in Coconino County. According to 2010 U.S. Census Data, there are no children aged 0 to 5 living in the southern parts of the Reservation, near Wikieup, or in the trust lands, which is illustrated in the map above by the checkerboard design.

**Figure 3. Geographic distribution of children under 6 living in or near Peach Springs according to the 2010 Census (by Census block)**



There are 163 young children in Peach Springs, which is highlighted in blue, and 30 additional children nearby. As shown in the figure below, there are 3 children aged 0 to 5 living in Valentine. The area highlighted in white on the map is part of the Hualapai Reservation.

**Figure 4. Geographic distribution of children under 6 living in Valentine according to the 2010 Census (by Census block)**

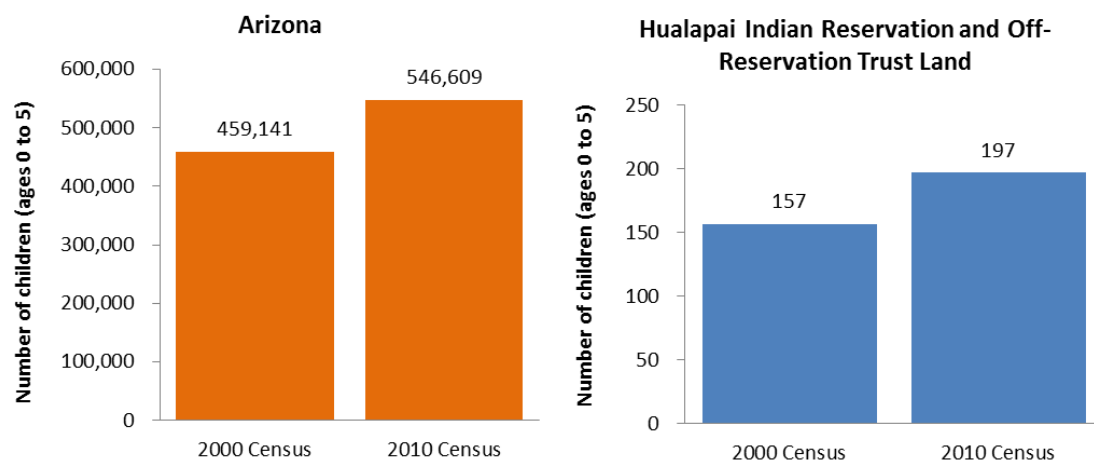


A comparison between censuses provides information about changes in the population. The total population of the Hualapai Tribe remained fairly stable during the last ten years. However, there was an increase in the population of children 0 to 5 years of age. Proportionately, the population of young children in the Region grew at a more rapid rate than the state's. Table 2 shows changes in population between the 2000 Census and the 2010 Census for both Arizona and the Hualapai Tribe. Figure 3 shows the increase in the population of children under 6 in the Region.

**Table 2. Comparison of U.S. 2000 and U.S. Census 2010**

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
All Arizona Reservations (Arizona parts only)	179,064	178,131	- 1%	21,216	20,511	-3%
Hualapai Indian Reservation and Off-Reservation Trust Land	1,353	1,335	- 1%	157	197	+ 25%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

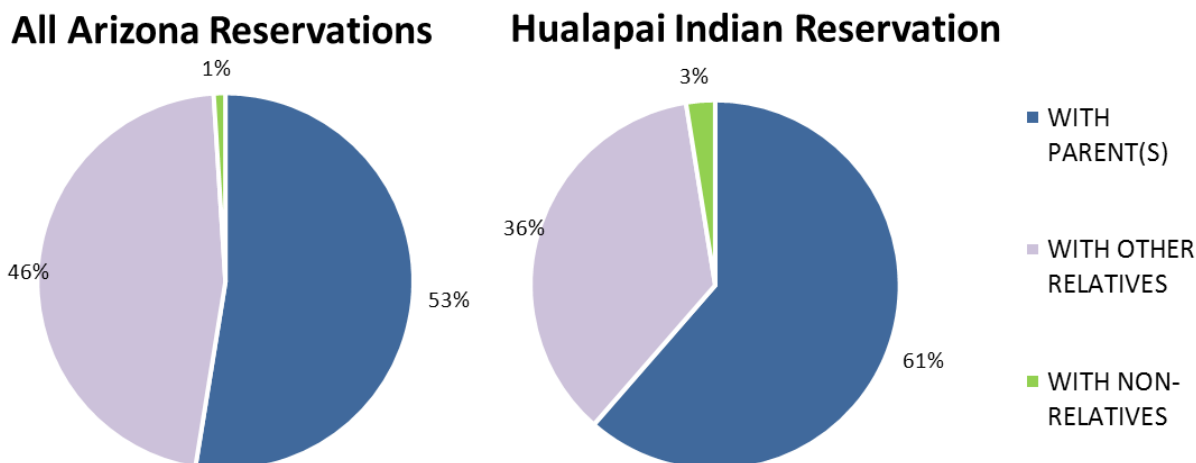
**Figure 5. Comparison of population of children ages 0 to 5 in the Hualapai Tribe, 2000 and 2010**

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

### Additional Population Characteristics

In the Hualapai Tribe Region, about 61% of children (or 121) are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a lower proportion than the statewide percentage, 81%. The majority of the remaining children (17%) are living with relatives other than their parents (such as grandparents, uncles, or aunts). This distribution is *dissimilar* to that of all Arizona tribes together: more Hualapai children are living with one or both parents, but also more Hualapai children are living with non-relatives.

**Figure 6. Relationship to head of household for children in the Hualapai Tribe Region**



Source: U.S. Census 2010; Tables P41 & PCT14

An estimated 65% of the families in the Hualapai Tribe are single parent families, compared to 27% in Arizona and 51% in all Arizona tribes combined. In addition, of the 362 households in the community, 17% are female-headed, a similar percent as that of all Arizona Indian Nations combined (19%) (Arizona Department of Health Services, 2012). (A household is a group of persons living together who may or may not be related to one another.)

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent's household. In Arizona, according to the 2010 Census, approximately 74,153 children aged 0-5 (14%) are living in a grandparent's household. The Arizona Children's Action Alliance reports that in Arizona, approximately 36% of grandparents caring for their grandchildren have been doing so for at least five years, and that 21% of these grandparents are living in poverty<sup>2</sup>.

The percentage of grandparents caring for grandchildren varies significantly across Arizona. In the Hualapai Tribe Region, 50 children 0 to 5 years of age (25%) are living in a grandparent's household. This is a higher percentage than the statewide rate (14%) but lower than the rate for all Arizona tribes (40%).

Multigenerational households are also more common in the Hualapai Tribe (14%) compared to the statewide proportion (5%). Multigenerational households are also more common in the Hualapai Tribe (14%) compared to the statewide proportion (5%), but not too different from the proportion (16%) for all Arizona tribes.

<sup>2</sup> Children's Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

It must be noted that extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships (Hoffman, 1981; Light & Martin, 1996). (See *Family Support* section below for additional information about family structure and support among community members in the Region).

**Table 3. Number of children living in a grandparent's household by area in the Hualapai Tribe Region**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
Hualapai Indian Reservation and Off-Reservation Trust Land	197	50	25%	362	49	14%
All Arizona Nations	178,131	8,239	40%	50,140	8,104	16%

Source: U.S. Census 2010; Tables P41 & PCT14

In terms of ethnic/racial composition of the community, the vast majority (92%) of the people living in the Hualapai Tribe identified themselves as American Indian (Census 2010, Table QT-P4). Of the rest, most identified as Hispanic (4%). Only 2 percent of residents self-identified as White and another 2 percent as “Other.”

Data about language use among members of the Hualapai Tribe provides additional information about the characteristics of the population in the Region.

**Table 4. Language usage in the Hualapai Tribe Region**

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUIST- ICALLY ISOLATED HOUSE- HOLDS
Arizona	5,783,756	73%	2%	27%	6%
Hualapai Indian	568	56%	44%	67%	0%

Reservation					
All Arizona Nations	159,902	41%	54%	74%	11%

SOURCE: ACS 2006-2010, Tables 16001 & 16002

Key informants noted that language and cultural preservation are important in the Hualapai Tribe and the community is supportive of efforts around language revitalization. Key informants also indicated that the Tribe used to have a bilingual program in the only elementary school on reservation lands, the Peach Springs School. However, the establishment of English-only laws by the state of Arizona resulted in the loss of bilingual education in the community. To promote the use of the Hualapai Language, the Hualapai Department of Cultural Resources offers a Cultural Arts and Language Program that is open to all community members. In addition, the Department also hosts a yearly Pai Language Immersion Camp for youth. The Camp, which has been going on for 14 years, brings together youth from ages 8 to 16.

Making sure that young children learn the Hualapai language is seen as a key opportunity in the community. The Hualapai Department of Cultural Resources and the Hualapai Head Start Program have recently submitted a grant to fund a language revitalization program for the children attending Head Start. The Hualapai Tribe Regional Partnership Council has also joined the language preservation efforts through the Native Language Enrichment Strategy, which has the goal of providing a locally-developed literacy tool for the children and families in the Region. Bilingual (Hualapai/English) children's board books are being created with "voice save" technology that will allow children to listen to the words in both English and Hualapai as the pages are turned. The Department of Cultural resources is the lead on this project, and community members are in charge of the art work included in the books.

## Economic Circumstances

Tribal administration, the public schools system, and state/federal government agencies are the main employers in the Hualapai Tribe Region. Tourism, cattle ranching, and arts and crafts are the main economic activities in the community. There is no gaming in the Hualapai Tribe.

Tribal enterprises with the Hualapai Tourism include the Hualapai Lodge, Hualapai River Runners -the only Indian-owned and operated river rafting company on the Colorado River, Grand Canyon West Resort and the Skywalk. These tribal enterprises provide the necessary resources to run the tribal government and support community programs and services.

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Communities



Survey, the percentage of people living in poverty in the Hualapai Tribe was substantially higher than the state as a whole (14%; Table 5) [Table 6 will also include a comparison to all Arizona tribes]. A similar pattern can be observed in the population of children under the age of six. In the Hualapai Tribe, almost half of all children 0 to 5 years of age are in poverty, compared to 22 percent in the state. Median family income data from the American Communities Survey also reflects this pattern.

**Table 5. Median family annual income and persons living below the U.S. Census poverty threshold in the Hualapai Tribe Region and Arizona**

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	15%	22%
All Arizona Reservations (Arizona parts only)	xx	39%	51%
Hualapai Indian Reservation	\$33,125	41%	45%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

The Arizona Children's Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly. In 2010, the bottom 60 percent of Arizonans (as measured by median household income) earned only 28 percent of the state's income, while the top 20 percent earned 49 percent.<sup>3</sup> The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country, with over 1 in 4 children living at the poverty level.<sup>4</sup> Poverty estimates for certain communities are also available from the Census Bureau's Small Area Income and Poverty Estimates (SAIPE). Unfortunately, there are no separate estimates made for Indian reservations. However, SAIPE data are available for school-aged children (5 to 17) by school district. Table 6 below shows the estimated number and percent of children 5 to 17 years of age in poverty in the school districts where young Hualapai students attend school. The Peach Springs Unified District is perhaps the most representative of the Hualapai Nation. An estimated 41 percent of the children residing within that school district live on incomes below the poverty threshold.

<sup>3</sup> The Arizona Children's Action Alliance *Income Disparity in Arizona*. Newsletter received October 26<sup>th</sup>, 2011.

<http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

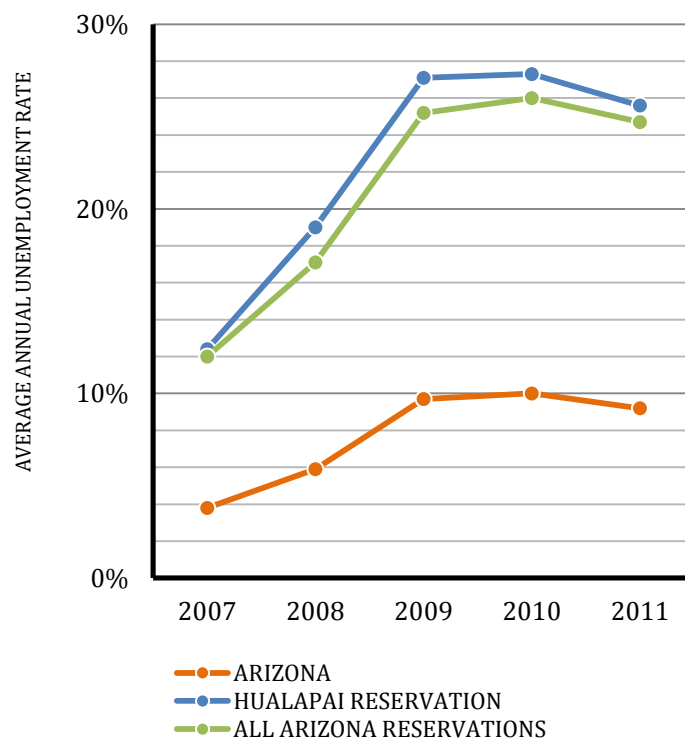
<sup>4</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

**Table 6. Poverty estimates by school districts**

DISTRICT NAME	ESTIMATED TOTAL POPULATION	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Hackberry School District	1,208	111	41	37%
Peach Springs Unified District	1,306	318	131	41%
Valentine Elementary District	249	41	10	24%

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in Hualapai Tribe County in 2011 was 25.6 percent, substantially higher the statewide average of 9.2 percent, but very similar to the 24.7 percent in all Arizona Reservations. As shown in **Figure 7**, the trajectory of the unemployment rate in the Region has followed very closely that of the Arizona Reservations combined.

**Figure 7. Annual unemployment rates in Hualapai Tribe, All Arizona Reservations, and the state of Arizona**

Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Key informants indicated that training and education of the community workforce is the primary challenge for the age groups (16-31) most likely to be parents of young children. Employment opportunities for community members are sparse. Job opportunities within the community are limited to the tribal and federal government agencies and departments and the tourism industry. Opportunities with the Hualapai Tourism include the Hualapai Lodge and Grand Canyon West Resort. While the Hualapai Lodge is located on the Tribe's main population center of Peach Springs, there are only a few positions available at this facility. The larger facility of Grand Canyon West offers more employment opportunities for community members. This facility, however, is located 121 miles from Peach Springs and travel must be done on a dirt road. Transportation is provided to and from Grand Canyon West for employees who reside in Peach Springs. Nevertheless, the long commute back and forth makes for very long shifts, resulting in parents being away from home for long periods of time. According to key informants, a similar –but more drastic– situation occurs among those families where parents have seasonal fire-fighting jobs. Although somewhat more lucrative, these seasonal jobs take parents completely away from the community for long periods of time. The Hualapai Tribe Regional Partnership Council have expressed concerned about the implications these long shifts

have on the lives of families with young children. The Hualapai Tribe gives employment preference to applicants of Indian descent in accordance with Public Law 88-355, Section 703 (702-71) and public Law 93-638, Section 7B. However, the minimal requirements for employment with the tribe, a high school diploma or GED and a valid driver's license, become an obstacle for many community members to apply for positions offered by the Tribe.

The Hualapai Tribe is also providing opportunities for job training through the Workforce Investment Act and the Hualapai Tribe Human Resources Office is working to develop new opportunities for tribal members by attracting new types of industries.

Participation in public assistance programs is an additional indicator of economic vitality. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In the Hualapai Tribe<sup>5</sup>, the number of children on SNAP has remained fairly stable since 2007, as illustrated in Table 7. In July 2011, 62 percent of the children 0 to 5 years of age in the Hualapai Tribe Region were on SNAP. This represents a higher proportion than the one for the state as a whole (40%) (see Figure 8).

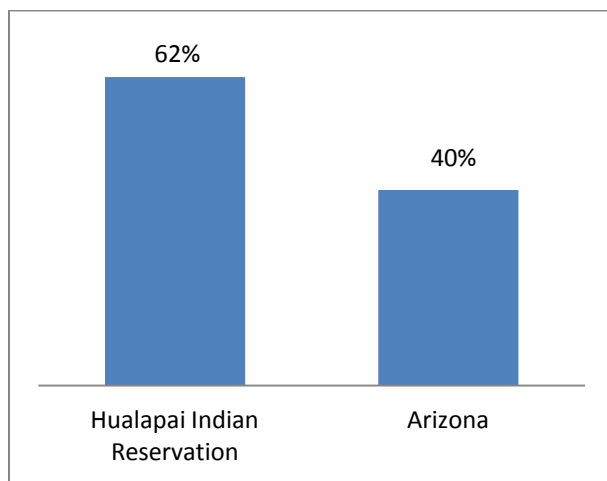
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<sup>5</sup> SNAP and TANF data for Arizona residents are available from the Arizona Department of Economic Security at the zip code level. The zip code 86434 matches almost exactly the Hualapai Reservation boundaries. Therefore, data available for this zip code can essentially be considered equivalent to the Hualapai Tribe.

**Table 7. Children 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)**

	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011	Total number of children 0-5 (2010)	Estimated percent of children 0-5 receiving SNAP (July, 2011)
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398	546,609	40%
Hualapai Tribe	115	107	114	99	114	95	114	123	197	62%

Source: Arizona Department of Economic Security, 2011

**Figure 8. Percentage of children 0 to 5 receiving SNAP in July 2011, Hualapai Tribe and Arizona**

Source: Arizona Department of Economic Security, 2011

The number of recipients of emergency food in Arizona rose by 85 percent between 2006 and 2009, and in 2009, nearly half of those recipients were under the age of 18. In 2009, 888,100 unduplicated individuals in Arizona were recipients of emergency food, and the Hunger in America 2010 report estimates that over 10 percent of all Arizona food bank clients have a child between the ages of 0 and 5 in their household. Eighty-four percent of all Arizona food bank recipients were not receiving TANF or other government welfare services.<sup>6</sup>

<sup>6</sup> Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

In contrast to SNAP, the total number of children receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been annually enforced by state lawmakers for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families, including 6,500 children.<sup>7</sup> Between June 2009 and July 2011, the number of Arizona children 0 to 5 years of age that were TANF recipients decreased by 46 percent. In the same time period, however, the percent of Hualapai Tribe<sup>8</sup> children under six that received TANF remained stable (see Table 8). As shown in Figure 9, a much higher percentage of children in the Hualapai Tribe Region (9%) received TANF aid in 2011 compared to the state (2%).

**Table 8. Children 0-5 receiving TANF (Temporary Assistance for Needy Families) in July 2011**

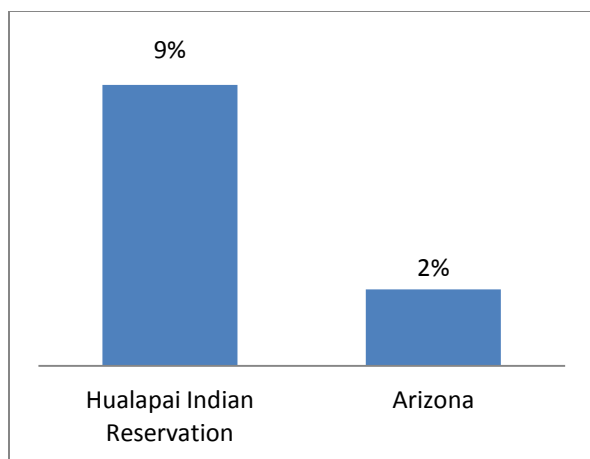
	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011	Total number of children 0-5 (2010)	Estimated percent of children 0-5 receiving SNAP (July, 2011)
<b>Arizona</b>	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837	546,609	2%
<b>Hualapai Tribe</b>	39	26	15	18	12	12	15	17	197	9%

Source: Arizona Department of Economic Security, 2011

**Figure 9. Percentage of children receiving TANF in July 2011**

<sup>7</sup> Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

<sup>8</sup> See note 5 above



Source: Arizona Department of Economic Security, 2011

Key informants indicated that the Hualapai Tribe is currently exploring the possibility of managing their own Tribal TANF program. *[This section will also information about the advantages that a Tribal TANF program provides to tribes and potential impact on the job training/employment area]*

Arizona's WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program.

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the by Colorado River Indian Tribes, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and the Tohono O'odham Nation, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.<sup>9</sup>

Although the WIC program is operated by ITCA, services are provided through Tribal health departments and Urban Indian Centers. The WIC program in the Hualapai Tribe is managed by the Health Education and Wellness Department. The program has a caseload of 180 clients. Table 9 below shows the breakdown of the Hualapai WIC participants for 2010 and 2011.

### WIC program participants

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<sup>9</sup> <http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

**Table 9. Hualapai WIC program participants**

	PREGNANT WOMEN	POST- PARTUM WOMEN	BREAST- FEEDING WOMEN	INFANTS	CHILDREN
2010	9	10	12	37	110
2011	15	10	3	35	95

Source: Hualapai WIC Program, 2012

In FY 2010-2011, 40 (or 70%) of the 57 children enrolled in the Hualapai Head Start Program received WIC benefits. None, however, participated in the TANF program (*see The Early Childhood Education System section below for more information on the Hualapai Head Start Program*).

The Hualapai WIC program works in close collaboration with the Maternal Child Health (MCH) Program, also housed at the Health Education and Wellness Department, and funded by the Hualapai Tribe First Things First Regional Partnership Council. The WIC and MCH program conduct home visitations together, do mutual referrals of clients, and partner on the Emergency Formula program, which provides infant formula to families in need on an emergency basis (*see Health section below for more information about the collaboration between the Maternal Child Health Program and the Hualapai WIC Program*).

Most Hualapai WIC clients redeem their vouchers in Kingman, 54 miles west of Peach Springs. Transportation is a challenge for many community members, and travel to longer destinations such as Kingman can become burdensome. WIC clients also have the option of redeeming their vouchers at a local convenience store in Peach Springs. The selection of WIC-approved items at this convenience store, however, is very limited and prices are much higher than those in Kingman. The transportation challenge together with the limited availability of groceries often means that families are often not able to make the best out of their WIC vouchers.

The National School Lunch Program is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. For school year 2011-2012, income criteria were as follows:



**Table 10. Income criteria for school year 2011-2012**

<b>FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR</b>			
<b>Household Size</b>	<b>Yearly Income</b>	<b>Monthly Income</b>	<b>Weekly Income</b>
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

Retrieved from the United States Department of Agriculture at  
<http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>

In the Peach Springs Unified District 100 percent of the students qualify for free or reduced lunch (Arizona Department of Education, 2012).

The Hualapai Tribe Regional Partnership Council also funds a Food Security strategy that provides emergency food boxes to families with children birth through five who are in need in the community (the Emergency Formula program mentioned above is also part of this strategy).

### Educational Indicators

Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do not graduate from high school (U.S. Census, 2004). Within Arizona, the poverty rate among those with a college degree is four percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.). In addition to having an impact on income, low levels of adult education are correlated with low levels of overall child well-being.<sup>10</sup>

<sup>10</sup> Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O'Hare, W., Mather, M., & Dupuis, G.

About 77 percent of 3 to 5 year olds in the Hualapai Region are enrolled in the preschool or kindergarten compared to about 49 percent of 3 to 5 year olds enrolled in nursery school and preschool or kindergarten in the state as a whole<sup>11</sup>. This high coverage rate is due largely to the Hualapai Head Start program, and this access to early childhood education for children of this age is a strength of the Region (see the *Early Care and Access*, section below).

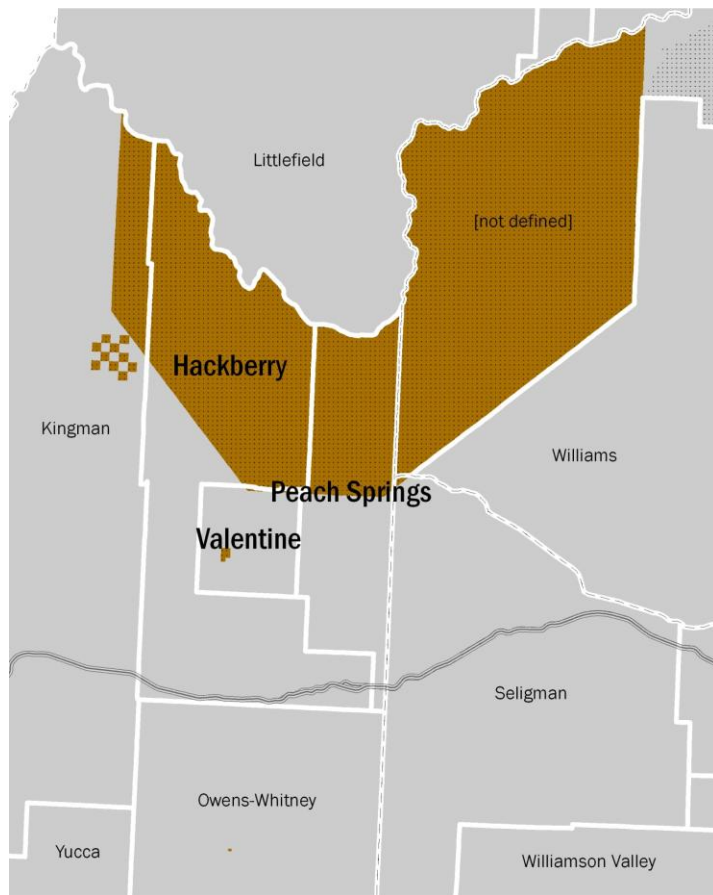
The Peach Springs Unified District is the only district within reservation boundaries. The Peach Springs School enrolls children from kindergarten to eighth grade. In 2011 a total of 192 students were enrolled, of which 21 were in kindergarten (Arizona Department of Education Enrollment Data, 2011-2012).

Children in the community also attend school in other districts, including the Valentine, Hackberry, Seligman, and Kingman districts [*data on the ethnic breakdown of these schools will be included as a proxy for Hualapai children enrolled*]. There is some concern among members of the Hualapai Tribe with regards to the low participation of community members in the decision making process of school boards in the districts that lie outside of the reservation. Key informants noted that the community has recently become more involved in the boards as they see that the decisions they make have a direct impact on children in the Hualapai community. Figure 10 below shows the school districts on and around the reservation boundaries.

**Figure 10. School districts on and around the Hualapai Tribe reservation boundaries**

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<sup>11</sup> Hualapai Region rates are based on Hualapai Head Start and Peach Springs kindergarten enrollment data; state rates are based on ACS 2007-2010, reported by Annie E. Casey Foundation Kids Count Data Center at <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=5109>



The in-school performance of current students in the public elementary schools in the Region is primarily measured by the Arizona Institute to Measure Standards (AIMS).<sup>12</sup> The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute<sup>13</sup> states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare

<sup>12</sup> For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

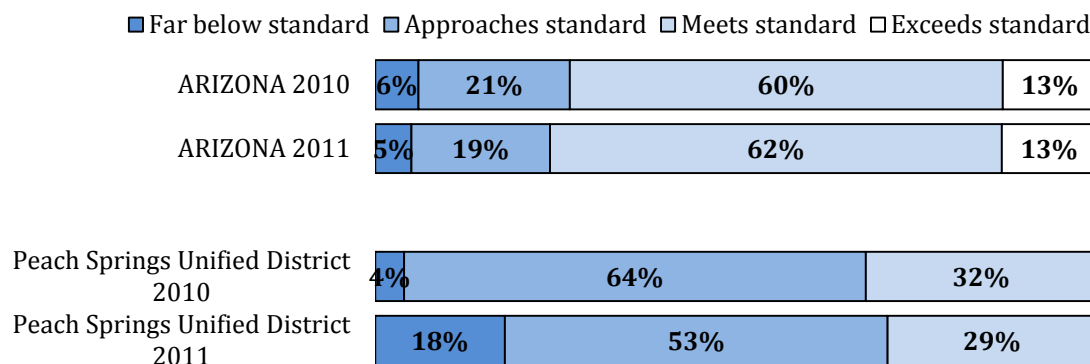
<sup>13</sup> A.R.S. §15-701

them to succeed on later tests such as the AIMS.<sup>14</sup> Students must also pass the grade 10 AIMS exams in order to graduate from high school.

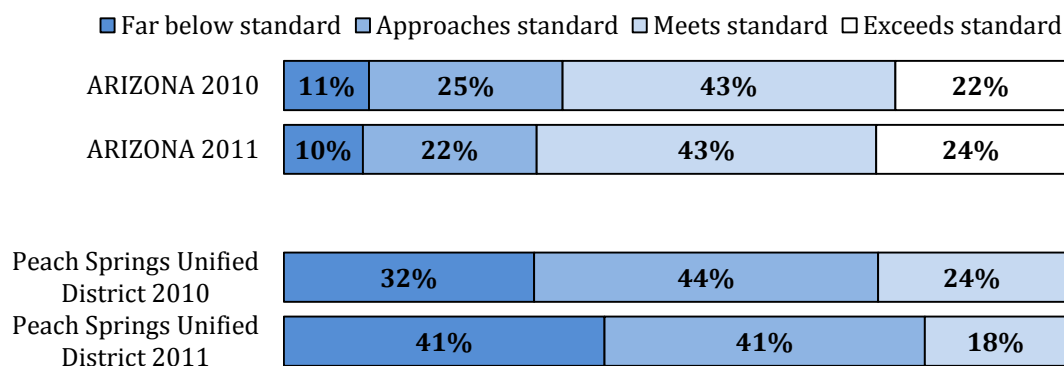
As Figure 11 shows, third graders in Peach Springs Unified District tend to pass the AIMS reading portion (meets + exceeds standard) at a considerably lower rate (29%) than the state as a whole (75%). A similar pattern is apparent in math, where only 18 percent of Peach Springs Unified District third-graders pass, compared to 67 percent for the state. In addition, about four times the proportion of children in the District are falling far below the standards in both reading and math, compared to the state overall. This has implications for the likelihood that the Peach Springs Unified District may be faced with the challenge of retaining a number of third graders in the coming years.

**Figure 11. Results of the Arizona Instrument to Measure Standards (AIMS) test**

**Third-Grade AIMS Results: Reading**



**Third-Grade AIMS Results: Math**



<sup>14</sup> First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012)

Source: Arizona Department of Education, 2011

There is no high school within the reservation boundaries. Music Mountain High School closed down in 2007 and since then children in the Hualapai Tribe Region attend high school in the towns near the reservation (including Kingman and Seligman) but also in a number of boarding schools.

*[Data on high school students and college students from the Hualapai Tribe -where they attend school, graduation rate, etc- have been requested from the Education and Training Department and will be included here when available]*

Overall, school drop-out rates (which are calculated for grades 7-12) are low for American Indian youth attending the Arizona unified districts that provide middle school and high school services for youth from the Hualapai Tribe. Of the 199 American Indian youth reported enrolled across the five districts (Hackberry, Peach Springs, Valentine, Seligman, and Kingman) only five students were reported to have dropped out, a rate similar (2.5%) to the rates for the state as a whole (2.7%), and lower than for Native American students statewide (6.8%). (ADE, 2009-2010). However, the two Arizona unified school districts that serve Hualapai Tribe high school students reported lower graduation rates for Native American students (60% in the Seligman School District, and 45% in the Kingman School District) than the state Native American student graduation rate (63%).<sup>15</sup> The overall state graduation rate is 76 percent.

This is consistent with the finding that the proportion of adults without a high school diploma (or its equivalent) in the Hualapai Region is almost twice that of the state as a whole (28% in Region; 15% for the state). The Region also has a very low rate of adults with college degrees (2% in the Region; 26% for the State). Births to women with less than a high-school education are nearly twice the rate seen across all American Indian women residing on reservations in Arizona (see Table 12).

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<sup>15</sup> Arizona Department of Education, <http://www.azed.gov/wp-content/uploads/PDF/2010DORcountysubgroup.pdf>

**Table 11. Educational Indicators**

	Adults (ages 25+) without high school or GED	Percent of births to women with less than a high-school education	Adults (ages 25+) with bachelors degree or more
Arizona <sup>1</sup>	15%	22%	26%
Combined Tribal Reservation Areas <sup>2</sup>	32%	31%	14%
Hualapai Tribe Region	28%	61%	2%

Source: <sup>1</sup>American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010;

<sup>2</sup>American Community Survey 2005-2009, Arizona Department of Health Services Vital Statistics, 2009

This generally low level of educational attainment in the Region is linked with its higher poverty levels. According to key informants, it affects employment opportunities for residents, and has implications for the ability of employers to attract sufficient numbers of qualified staff in the Region.

Besides the financial impacts, dropping out of school is also associated with a number of social and health problems that can go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a). In fact, the teen birth rate is substantially higher in the Region than in the state as a whole (see *Health*, below).

One key informant told a story of having an aunt and uncle who, although uneducated themselves, felt he should have that opportunity. They insisted on him attending school and he constantly heard “Stay in School” in his ears, which translated into “Someone Cares” in his heart, which overruled his head’s desire to drop out. He noted that “Hualapai youth these days are not getting that message in their ears or in their hearts, and are not completing their education....They need to see that education opens horizons and there needs to be a realization of how to teach Indian children to maximize the high potential they start with.”

The Hualapai Tribe provides opportunities for community members to complete their GED through the Education and Training Department. GED classes are offered locally and also online. Students can use the Computer Lab inside the Education and Training Department to pursue their online degree. The Hualapai Tribe is also providing opportunities for job training through the Workforce Investment Act and the Hualapai Tribe Human Resources Office is working to develop new opportunities for tribal members by attracting new types of industries.

The Johnson O’Malley program is also managed by the Education and Training Department. This program provides assistance to students in local schools including the Hualapai Head Start,

Peach Springs Elementary School, Kingman Schools, Valentine School, and Seligman Schools. Support from the Johnson O'Malley program is utilized in the purchasing of school-related or extra-curricular activities items.

## **The Early Childhood System: Detailed Descriptions of Assets and Needs**

### **Quality and Access**

The Hualapai Tribe receives funding from the Child Care and Development Fund to administer its own Child Care Program, which is housed in the Education and Training Department. Child care providers in the Region are licensed and regulated by the Tribe. Care options through the Hualapai Child Care Program include:

- In-home – the child care is provided in the child’s home but the provider cannot reside in the same home as the child (currently not in use)
- Family home – child goes to provider’s home to receive services. Family home providers fall into two categories:
  - Tribal licensed or regulated – providers in this category must comply with tribal regulations and requirements.
  - Unregulated – these are family members caring for children who are directly related to the child and live in a separate residence. These providers are exempt from health and safety requirements.

All providers must undergo and clear a background check in order to participate in the program. As of March 2012, the Hualapai Child Care program had one regulated and four unregulated providers.

Child care through the program is available for children tribal members with children 0 to 13 years of age, although parents of older children are encouraged to also utilize the services available through the local Boys and Girls Club. The cost of care is partially subsidized and it is based on family income for participants who are employed. Fees are different for regulated and unregulated providers. However, if the tribal member is in school or job training child care is provided free of cost. The majority of families taking advantage of the program are employed. During fiscal year 2010-2011, the average monthly subsidy was \$125 per child and the average monthly parent copayment per child was \$14 [ref].

According to the January 2012 Quarterly report, a total of 36 children received services through the Hualapai Child Care Program. Of those, 24 were children under 6 years of age.

Key informants noted that the need for child care in the community is higher than current availability of providers. A constant challenge for the program is to find enough candidates that qualify as child care providers. As of March 2012 there was a waiting list of at least seven children. There are a number of providers (about four) that are not part of the program but families in the community also seek out their services. These, however, are not subsidized by the Child Care Program.



In order to better meet the demand for child care the Hualapai Child Care Program is currently in the process of transitioning to a center-based model. The center will continue to serve children up to 13 years of age. Discussions are still undergoing regarding the hours for the center, which most likely will be opened for extended hours in order to support parents who work at Grand Canyon West Resort and have long shifts. (Currently, the child care program only knows of two families where both parents are working at the resort.) The new Child Care Center will put a strong emphasis on early childhood education. It will be located adjacent to the Hualapai Head Start Program building creating good possibilities for coordination and collaboration among the two facilities.

The Child Care Program also provides services for children under the custody of the Hualapai Social Services Department .

[More information around child care from the interview with the Child Care Program director and other key informants will be included here]

### **Quality First**

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star --where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements—to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.<sup>16</sup>

Quality First also provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, scholarships for teachers and aides, child care health consultation, and financial incentives to assist in making improvements.

The Hualapai Tribe Head Start Program is a Quality First center, and currently has a XX star rating.

### **Head Start**

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. Head Start addresses a wide range of early

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<sup>16</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q2.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf) (April 2012)

childhood needs such as education and child development, special education, health services, nutrition, and parent and family development.

The Hualapai Tribe has a tribally-managed Head Start program, which is funded through the Office of Head Start, as well as through in-kind and tribal funding. The Hualapai Head Start program is overseen by the Tribal council and a Parent Policy Council.<sup>17</sup> It serves a total of 57 children in and around the Peach Springs area. The Hualapai Head Start center runs four classrooms and is staffed by 18 staff members. Transportation is provided to all participating children. The program runs on a 4-day week, following the local school district calendar.

**[INCLUDE HERE ELIGIBILITY CRITERIA, EITHER SPECIFIC FOR THE TRIBE OR IN GENERAL FOR HEAD START]**

As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; having a pre-tax household income of \$10,830 for a one-person household, of \$18,310 for a two-person household, \$22,050 for four-person household, of \$25,790 for a five-person household, of \$29,530 for a six-person household, of \$33,270 for a seven-person household, of \$37,010 for an eight-person household, and of \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households. Arizona residents not meeting these criteria may still be eligible for Head Start if: their income status is low or very low, they are under-employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age.<sup>18</sup>

According to Census 2010 data there are 68 children ages 3 and 4 in the Hualapai Tribe. With 57 children enrolled, the Head Start Program has a very high reach among this population (the waiting list for the program is less than 10 children). This means that supporting the Head Start program in its mission of getting children ready for school can potentially be leveraged to have a high impact in the community.

## Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children's Action Alliance, 2008). Results from the 2007 survey show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over

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<sup>17</sup> <http://hualapai-nsn.gov/community/head-start/>

<sup>18</sup> Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

the previous 10 years, from a high of 39% in 2009. The median salary for Assistant Teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period. According to the Program Information Report (PIR) of 2009-2010, in the Hualapai Head Start program, one classroom teacher had an associate degree in ECE and the remaining three had a Child Development Associate (CDA) Degree. Data on median salary for the Head Start staff were not available.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential. A Bachelor's Degree model of the TEACH program is also currently being developed. There are two child care professionals with the Head Start program in the Hualapai Tribe Region receiving TEACH scholarships to take coursework leading to an associate's degree.

#### **Availability of certification, credentials or degree programs**

As it is the case in many rural areas in the state, professional development opportunities in the Region are limited. Professionals in early childhood education interested in advancing their education have the option of pursuing online degrees through Northland Pioneer College (for an Associate in Applied Science –AAS- in Early Childhood Education) or Rio Salado College, where they can obtain AAS degrees in Early Learning and Development, and Early Childhood Administration and Management. However, online education may be difficult for professionals with limited computer literacy and accessibility. Communities where professional development for early childhood education staff is limited face the added challenge of timely compliance with the Head Start Act mandate that by September 30, 2013 fifty percent of all the Head Start teachers and education coordinators must possess at least a bachelor's degree in early childhood education or at least a bachelor's and coursework in a major relating to early childhood education, as well as experience teaching preschool-age children. The Head Start Act of 2007 also requires that teaching assistants have at least a child development associate credential or must enroll in a program leading to an associate or bachelor's degree. Key informants indicated that Head Start staff members are fulfilling this requirement mostly through online courses from Rio Salado College. However, as it was mentioned above, staff with the Head Start program indicated that online distance learning is not an ideal type of set up for the Head Start staff. An alternative option would be for Mohave Community College to provide the training in the community through local associate faculty in combination with more

real time distance learning (the Education and Training Department has the capacity to support this kind of learning). However, Mohave Community College is currently not an option for professionals in early childhood education in the Region, as the AAS degree that it used to offer was dropped a few years ago.

Another professional development opportunity that has been available to early childhood education staff in the Region is the “Early Child Care Professional Training” offered by Yavapai College in conjunction with the Arizona Department of Economic Security. This 60-hour intensive introductory course is free of cost and consists of 10 modules that cover topics such as child development, appropriate learning environments, nutrition, and early ready and math activities. In October 2011 the “Early child care professional training” was offered in Kingman and staff from both the Hualapai Head Start (both teaching and administrative) and the Child Care Program took advantage of this opportunity.

At the local level, the Hualapai Child Care Program offers training for the providers registered with the program (unregulated providers are also encouraged to attend training sessions). Classes are offered monthly at the Education and Training Department and they include topics such as: CPR, Food Handlers, Child development and Children with Special needs. The Child Care Program tries to involve staff from other local agencies like Head Start and the Peach Springs Health Center to deliver the trainings. In addition, the program provides financial support for providers to attend relevant conferences.

The Child Care Program receives donations from National Relief Charities such as diapers, wipes, soap, bottles, etc. that are used as incentives for providers who attend the training sessions. Information about upcoming training sessions is disseminated through the Gamyu, the community newsletter, and through fliers handed to providers affiliated with the program. Parents in the community at large are also welcome to the trainings and can receive the incentives being offered to child care providers too, but there is limited parent participation at these trainings.

In 2011, the Child Care Program partnered with the Peach Springs School to offer an after-school child care class to middle school students. Eight students participated in this training, which included sessions on CPR and the Red Cross’ Babysitting Training Course. The students also participated in the safe food handling training that is periodically provided by IHS staff from the Parker Indian Health Center who travel to Peach Springs to deliver this training at the Health Education and Wellness Department. Staff from the Child Care Program noted that this was a very good opportunity for the students, who received a certification upon completion of the course. It is unclear whether the Peach Springs School will receive funds to provide this training again in the future.

## Health

### Access to Care

The Hualapai Tribe Region is served by the Peach Springs Health Center and the Hualapai Health Education and Wellness Department.

The Peach Springs Health Center is operated by of the Indian Health Service (IHS) Phoenix Service Area through the Colorado River Service Unit. It is a 40-hour (open Monday to Friday) ambulatory care facility that provides outpatient services, dental care and preventive services that is meant to supplement the services provided at the Parker Indian Hospital, the main facility of the Colorado River Service Unit. Services offered at the Peach Springs Health Center include: General Medicine, Family Practice, Preventative Health, Nutrition, Dental, Public Health Nursing, Health Education, Environmental Health and Social Services. For emergency services after-hours patients are transported to the nearest hospital in Kingman.

The Peach Springs Health Center is staffed by four health care providers in the following specialties: Family Practice (2), Family Practice/Pediatrics (1), and Adult Medicine (1).<sup>19</sup> The availability of a pediatrician at a local health care facility represents an important asset in the Region, as most rural communities do not have any local pediatric services available and often must travel long distances to receive this kind of services.

The Hualapai Health Education and Wellness Department currently provides the following services: Behavioral Health, Diabetes/Fitness Program, Women, Infant and Children Program (WIC), Non-Emergency Medical Transportation, Youth Services, Healthy Heart (Cardiovascular Diabetes Program). The Health Education and Wellness Department also hosts the Community Health Representatives, Injury Prevention and Maternal Child Health Programs, as well as the Native American Research Center for Health (NARCH) Project, which aims at involving community youth to promote health behaviors and is currently operating a youth-led internet radio station.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. These Primary Care areas are geographically based areas in

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<sup>19</sup> [http://www.ihs.gov/phoenix/index.cfm?module=dsp\\_phx\\_hf\\_coloradoRiver](http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_coloradoRiver)  
[http://www.hsag.com/App\\_Resources/Documents/FlexLS3\\_IHS-CRSU\\_Presentation.pdf](http://www.hsag.com/App_Resources/Documents/FlexLS3_IHS-CRSU_Presentation.pdf)

Email communication with Rosemary Sullivan, Peach Springs Health Center

which most residents seek primary medical care within the same places.<sup>20</sup> The Hualapai Tribe Primary Care Area includes all of the Hualapai Tribe plus Hindu Canyon, Robbers Roost and Valentine.

Each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, provider to population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of deaths before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly and unemployed. Based on its scores on these indicators, the Hualapai Tribes Primary Care Area is designated as Medically Underserved.

Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with 3 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). The Hualapai Tribe Primary Care Area has a population density of less than one person per square mile. For purposes of comparison, on health indicators, where available, we will provide information for the state as a whole, for other sparsely populated (frontier) portions of the state, and for American Indian Reservation lands as a whole<sup>21</sup>.

Because the Hualapai Tribe Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable because of small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (2000-2009) where indicated.

### **Pregnancies and Births**

Prenatal care for women in the Hualapai Tribe is available through the Peach Springs Health Center, but it is provided by a contracted Ob/Gyn physician that visits the community from Kingman twice a month. Most women in the community give birth in Kingman, at the Kingman Regional Medical Center, and a few also in Flagstaff.

In addition to the medical prenatal care services provided at the Peach Springs Health Center, pregnant women in the Hualapai Tribe Region have access to home visitation services from the Maternal Child Health (MCH) Program. The MCH program, funded by the Hualapai Tribe First Things First Regional Partnership Council, has been in existence for three years and is currently staffed by a registered nurse and a maternal child health advocate. The MCH program works in close collaboration with the Hualapai WIC program.

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<sup>20</sup> Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

<sup>21</sup> Based on the 2010 Indian Nations Special Area Statistical Profile. Bureau of Health Systems Development.

Services offered by the MCH program include:

- Prenatal services – one on one education services provided to women at either their home or the program’s office (located at the Health Education and Wellness Department). These sessions cover all aspects of prenatal care using the book “With Child”. Pregnant women are usually seen by the MCH program staff several times throughout their pregnancy.
- Postpartum/breastfeeding support – the MCH program offers parenting support to new mothers after their babies are born. Breastfeeding pumps are also available through the program.
- Infant formula – Formula can be provided on an emergency base (e.g. when WIC program might not have certain specialty formula available, or when the local convenience store runs out of it and families are not able to travel to Kingman to buy it).
- Developmental screenings and educational resources for children 0 to 2 years of age.<sup>22</sup>

The MCH program receives referrals from:

- Public Health Nurse at the Peach Springs Health Center
- Hualapai WIC Program
- Community Health representatives (CHR) out of the Health Education and Wellness Department
- Mothers calling on behalf of their daughters

The MCH program is a great asset in the community and key informants highlighted that it provides key services for the families in the Region as it serves as a hub for referrals to other programs and services available from the Tribe and from the state and federal governments. Some of the challenges faced by staff with the MCH program include: clients’ lack of transportation (although the program does offer transportation services to its office and, if necessary also to Kingman but program staff noted that it is possible not all community members are aware of this service being available); families living far away and in remote areas; difficulties staying in touch and following up with clients, as many families do not have telephones and/or move frequently; and reaching out to grandparents raising their grandchildren who may not be aware of support services available to them –such as the MCH program.

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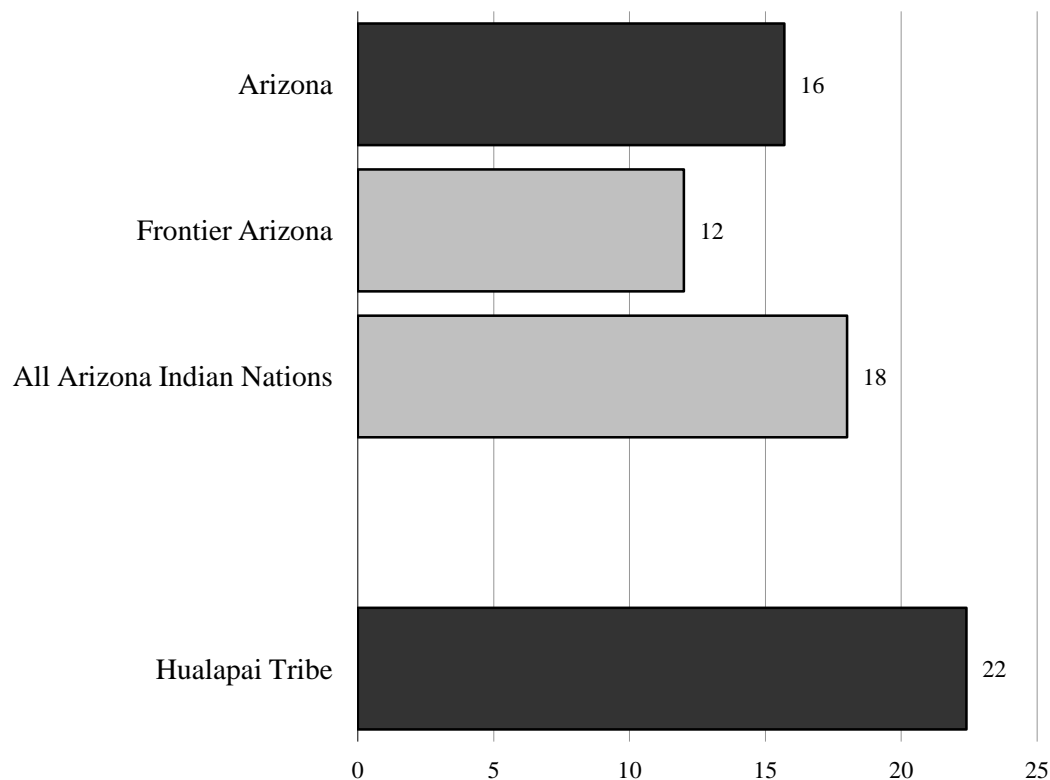
<sup>22</sup> According to staff with the program, the goal is to have a continuum of care for children from birth to 5 years of age where the MCH program will focus on children 0-2, the Hualapai Head Start program on children who are 3 and 4 years old, and the elementary school working with children ages 5 and older.

Health care services for infants and children are available locally at the Peach Springs Health Center, who has a pediatrician on board. The Public Health Nurses are also available and they usually do the initial home visits with newborns and subsequent visits as needed. The physicians at the clinic are available for the routine Well Baby/Well Child visits.

The total population of patients 0 to 5 years of age at the Peach Springs Health Center is 246 out of 2,110 active users.<sup>23</sup>[ref]

The birth rate in the Hualapai Tribe Region is higher than the state as a whole and also higher than other communities in frontier Arizona, and across Arizona Indian Nations. This suggests that there is likely to be relatively high need for services related to the care and development of infants and young children in the area.

**Table 12. Birth rate per 1,000 residents, 2000-2009**



Source: Arizona Department of Health Services, February 2012

In 2009 there were 23 births to Hualapai Tribe residents. The source of payment of labor and delivery for the vast majority (19 or 83%) was AHCCCS, compared to 55 percent of American

<sup>23</sup> An active user is an American Indian/Alaska Native patient who has had at least one inpatient, ambulatory, dental, or contract health services (CHS Referral) visit in the past three years. In this case, an active user would have had at least one visit between October 1, 2008 and September 30, 2011.



Indians residing on reservations in the state as whole who used AHCCCS to cover birth expenses in the same year<sup>24</sup>.

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births<sup>25</sup>. Care should ideally begin in the first trimester.

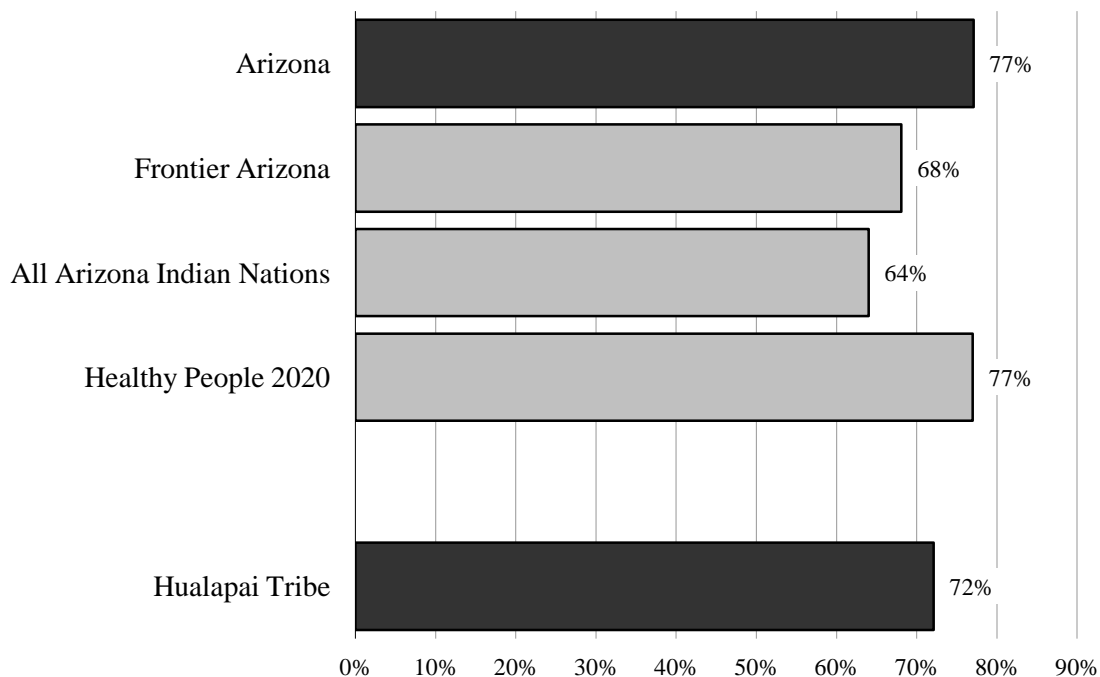
The Healthy People 2020 is a science-based initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 for receiving prenatal care in the first trimester is 78 percent.

An estimated 72 percent of expectant mothers in the Hualapai Tribe Region receive first trimester prenatal care. This rate is somewhat higher than the percentage who receives early care in other remote areas, but is below the Healthy People 2020 target.

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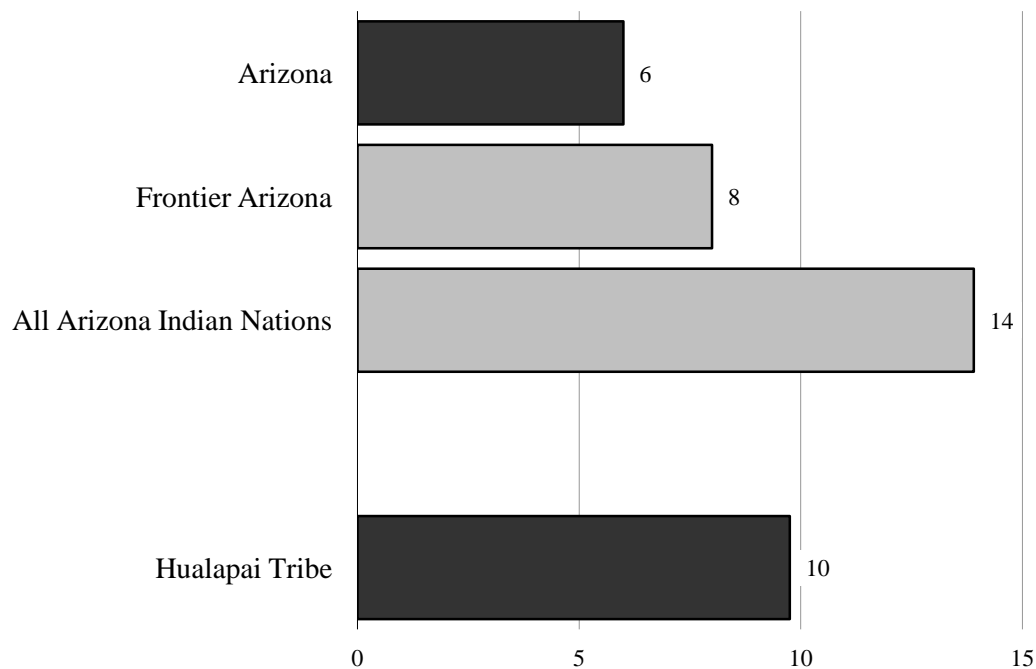
<sup>24</sup> Arizona Department of Health Services. (November 2010). *Health Status Profile of American Indians in Arizona: 2009 Data Book*. Phoenix, AZ.

<sup>25</sup> Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataAction/pdf/rhow8.pdf>

**Table 13. Average percent of births with prenatal care that starts in first trimester, 2000-2009**

Source: Arizona Department of Health Services, January 2012

The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002). Women in the Hualapai Tribe Region are more likely to receive an inadequate number of prenatal care visits. The proportion of those receiving between 0 and four prenatal visits are nearly twice as high as the state as a whole, though it was more similar to other remote areas, and substantially less than Arizona Indian Nations over all. Just over four percent of Hualapai women received no prenatal care at all, which is nearly twice the state rate of 2.3 percent, and higher than other American Indian Nations (3%). The status of prenatal care was not known for about 1 in 10 women in that time frame; it could be that the rate with no care is substantially higher. It is clear that expectant mothers throughout the Region are in need of increased prenatal care, which can help reduce poor birth outcomes and better prepare infants for a healthy start in life. Recognizing this need, the Hualapai Tribe First Things First Regional Partnership Council is committed to supporting the Maternal Child Health Program, which provides critical services pregnant women in the Region.

**Table 14. Average percent of prenatal births with fewer than five prenatal visits, 2000-2009**

Source: Arizona Department of Health Services, January 2012

Teenage parenthood is associated with a number of negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

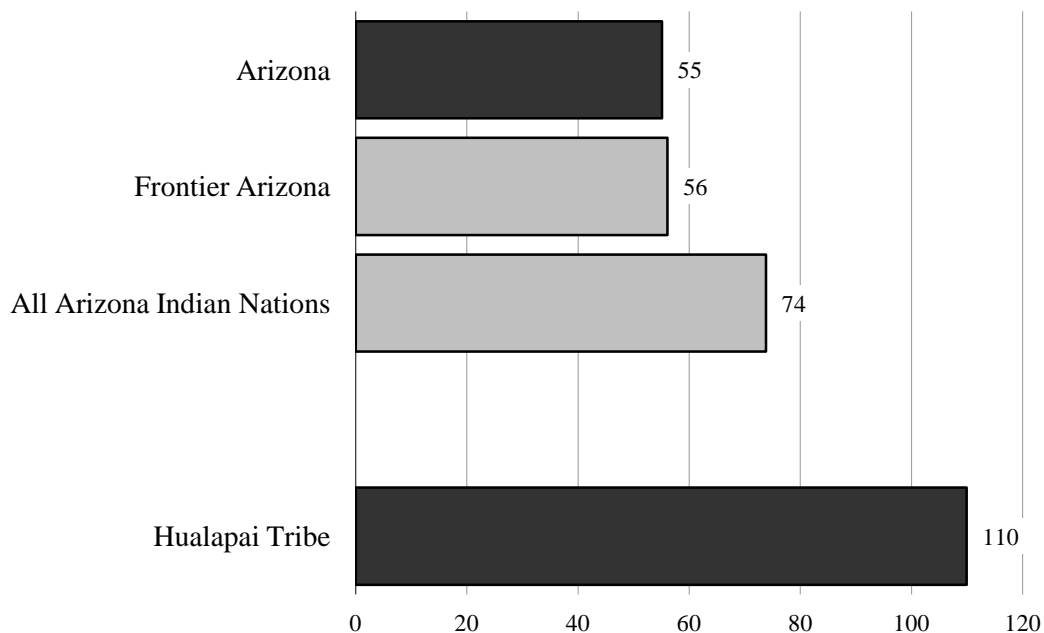
Teen pregnancy and birth continues to be a statewide issue in Arizona, which ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). While the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 6th highest teen birth rate nationally<sup>26</sup>.

The rate of births to teen mothers in the Hualapai Tribe (110 per 1,000 females 14-19 years old) was substantially higher than other remote areas (56) and than other Arizona Indian Nations

<sup>26</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

(74). One in 4 births to women of the Hualapai Tribe in 2009 were to teen mothers, compared to 1 in 5 among other women residing on Arizona reservations. [Health Status Profile reference]

**Figure 12. Rate of teen births per 1,000 females (14 to 19 years old), 2000-2009**



Source: Arizona Department of Health Services, January 2012

Because teen parenthood has so many far-reaching consequences for mother and baby alike, these rates indicate that teen parenthood prevention education and services for teen parents may be important strategies to improve the well-being of young children in these areas. The high rate of teen pregnancy in the community was also a concern repeatedly expressed by several key informants. *[This section will include information about the Youth Council and the council's plans for organizing some activities in support of teen parents, some of which are council members]*

### Health Care Coverage

Health care coverage for residents of the Hualapai Tribe is provided by the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS, or Arizona's Medicaid) and through private providers.

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010). *[Information on recent changes in eligibility will be included here].*

Arizona's state Children's Health Insurance Program (SCHIP) is called KidsCare. It offers free or affordable health insurance for children 18 years of age or younger who do not qualify for employer-based health coverage or for Medicaid through Title XIX. *[Information about the AHCCCS for American Indians in AZ program will be included here]*

In 2010 AHCCCS enrollment in the Hualapai Tribe Region was 56 percent, more than twice the rate for the state as a whole (22%) and substantially higher than Arizona Indian Nations overall (38%). A similar pattern is seen for the KidsCare enrollment which was 3% in the Hualapai Tribe Region, 2 percent in the state and 1.2 percent in Arizona Indian Nations (Arizona Department of Health Services, January 2012).

### **Developmental Screenings and Services for Children with Special Developmental and Health Care Needs**

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events.

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The AzEIP service provider for the Hualapai Tribe Region is Milemarkers Therapy, an agency based in Lake Havasu City. AzEIP data for the zip code 86434, whose boundaries essentially match those of the Hualapai Tribe reservation, show that in FY 2009-2010 there were 11

referrals made to AzEIP, but no services provided. It is important to remember that children who are referred may be screened but only those that have not reached 50 percent of the developmental milestones for his or her age receive actual services. No children in the 86434 zip code are reported as receiving Department of Developmental Disability Services between 2007 and 2010.

In the 2010-2011 school year, six children in Head Start were identified as eligible for disabilities services, the majority of these for speech impairment. This represents about 10 percent of those enrolled having an Individualized Education Plan (IEP).

*[Include here information about collaboration between La Paz/Mohave Region and Hualapai Tribe Region to offer screenings in the community]*

*[A key informant interview has been recently conducted with the Contracted Special Education Director with the Peach Springs School. Information about services provided by the school and how they are coordinated with other departments/entities will be included here]*

### **Immunizations**

Children in the Hualapai Tribe Region who have access to services from the Indian Health Service receive their immunizations at the Peach Springs Health Center.

Data from the Arizona Department of Health Services for zip code 86434, which essentially matched the Hualapai Tribe reservation boundaries, show that 76 percent of the children 12-24 months of age are up-to-date with all the required vaccinations for their age. Similarly, 77 percent of the children 19-35 months of age had all their required immunizations (Arizona Department of Health Services, 2011). The Government Performance and Results Act (GPRA) rate for the IHS Peach Springs Service Area, which uses a slightly different cut-off date and includes parts of Yavapai and Coconino Counties, were lower, at 59 percent.

According to the FY 2010-2011, Head Start Program Information report, 100 percent of the children enrolled in the Hualapai Head Start had all required immunization for their age at enrollment. Key informants also noted that parents in the Region are very good at keeping their children's immunizations up-to-date.

### **Behavioral Health**

Behavioral Health services for community members in the Hualapai Tribe are available at the Health Education and Wellness Department. Services include individual and group counseling which can be provided in-office, at home, and also at the Juvenile Detention Center or Adult Jail. Counselors with the Behavioral Health Program also work in collaboration with the local school and other tribal departments such as Police and Social Services. After care services are available for community members after they are discharged from residential facilities.

*[A key informant interview has been requested with staff from Behavioral Health services. If further information about the services becomes available, it will be included here]*

In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system. 64,277 (21.3%) of enrollees were children or adolescents, and children aged 0-5 comprise 3.8% of all enrollees.<sup>27</sup> As shown in **Table 12** below

**Table 15. Enrollment in Public Behavioral Health System**

Counties	Regional Behavioral Health Authority	Number Enrolled	Percent of Clients Enrolled Statewide
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13.20%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

The 2010-2011 Head Start Program Information Report lists no children referred for mental health assessments or services.

### Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>28</sup> Among third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93% compared with 76 %), with 62 percent showing signs of untreated decay (compared to 41% among non-American Indian children). American

<sup>27</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

<sup>28</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

Indian children were also less likely to have seen a dentist during the year prior to their screening (59%, compared to 73% for non-American Indian children).<sup>29</sup>

Dental services for children are available at the Peach Springs Health Center, which participates in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative. The goal of the IHS ECC Collaborative is to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide.

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, healthcare providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The Collaborative provides the healthcare team with the tools to begin an ECC program, available at its website

(<http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.programspotlight>). The IHS Division of Oral Health provides funding for this Collaborative for printed materials, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS.

*[Data on oral health have been requested from the Peach Springs Health Center and will be included here if/when available]*

The Peach Springs Health Center partners with the Hualapai Head Start Program to provide oral health care to the participating children by working directly with the children and providing training to the Head Start staff.

In the 2010-2011 school year all children enrolled in Head Start received an oral health examination; none were diagnosed as needing dental treatment. About half of the children in the 2009-2010 year were diagnosed as needing dental treatment, however.

### **Childhood Obesity**

Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Children who are obese are more likely to have Type 2 diabetes, asthma, and lower health-related quality of life, particularly in severely obese children [refs]. Obese children are more likely to become obese adults, and their obesity in adulthood is likely to be more severe [refs] Adult obesity is related to a number of serious health conditions, reduces quality of life and leads to a shorter life span. [refs] In fact, the present premature mortality (percent of deaths below the US Birth Life Expectancy) is much higher in the Hualapai Region (87%) than it is in the state as a whole (51%)(ADHS, 2012).

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<sup>29</sup> *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from <http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf>



Nearly half (47.5%) of the children 2-5 in the IHS Peach Springs services area meet the national standards for being overweight, and a quarter meet the criteria for being obese (IHS GPRA). Forty-seven per 1,000 children 0 to 17 are diagnosed with type II Diabetes. (IHS, 2012) For the population as a whole, about 60 percent are overweight.

Access to nutritious food in the Region is a challenge. Families in the main population center of Peach Springs must rely on a local convenience store with a limited selection of fresh fruit and vegetables. In addition, prices at the local convenience store are much higher than those at stores in Kingman, where families travel to buy groceries. Travel to Kingman, however, is difficult in itself as transportation in general is one of the main challenges faced by community members. These circumstances also impact the ability of families to make the best out of their WIC vouchers.

## Family Support

Key informants interviewed for this report repeatedly highlighted that an important asset of the Hualapai Tribe Region is the strong commitment community members have towards the wellbeing of their children. This is reflected in the high level of community involvement in children's activities and the willingness among different departments to work collaborative and provide assistance for community events and activities related to children. Key informants pointed out that this is a stable community where "children matter because they are the future. It's the community's children."

However, key informants also pointed out that parents –particularly the younger ones- could benefit from additional support and parenting education.

## Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children<sup>30</sup>, and educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus in early childhood programs.

Key informants noted that parent participation is high at parent meetings in both the local elementary school and the Head Start Program. Families also get involved in staff trainings that are open to parents at the Head Start Program.

Data from the Arizona Health Survey indicate that poverty status and educational status are important factors influencing parental involvement. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of

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<sup>30</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis. Unfortunately, the Hualapai Tribe library which is hosted within the Education and Training Department, is currently closed. The Department recently moved into a new building, rebuilt after the building that previously housed it burned down three years ago, and has not yet been able to fill the librarian position needed to set up and run the library. A reading program used to be in place and it will continue once the library re-opens.

Key informants repeatedly indicated that parent education is one of the most pressing needs in the Region. Parenting classes are offered weekly by the Maternal Child Health Program in collaboration with a Family Counselor. These sessions are held in the evening and child care is available. However, not many parents are currently taking advantage of this opportunity.

### **Home Visitation Programs**

The Maternal Child Health (MCH) program offers home visitation services to pregnant women and families with young children in the Region. The MCH program works in close collaboration with the WIC Program and joint home visits are often provided by staff from both agencies. In addition to the home visitation services, the MCH program functions as a comprehensive family support program. The program ensures that families with young children are aware of, and utilize the services available to them from other tribal departments but also from the state and federal government.

### **Child Abuse and Neglect**

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that while infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment<sup>31</sup>.

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<sup>31</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

In the state of Arizona, the Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. Child welfare services in the Hualapai Tribe are overseen by the Social Services Department. In 2010 there were a total of 24 substantiated cases of child abuse and neglect. In 2011, the number of cases increased to 34.

In 2010 and 2011, the Hualapai Tribe had a total of five licensed foster homes, one in Peach Springs and four in Kingman (but still within the tribe's Service Area). Table 13 below shows the number of children placed in foster care and relative care in the Hualapai Tribe in the last two years:

**Table 16. Children in foster care placement and relative placement, Hualapai Tribe 2010, 2011**

	2010	2011
All foster care placements	35	21
Foster care placement for children 0 to 5	7	4
Relative placement for children 0 to 5	11	0

Source: Hualapai Social Services Department, 2012.

[Include here information about other services provided by the Department]

Finding enough foster homes for children in the community is a challenge, and there have been times in the recent past where there were only 2 or 3 foster homes available. Foster families are recruited through the Gamyu, the community's newsletter. Training for foster parents is provided by the Social Services Department and also by Child Protective Services in Kingman. Reimbursement is provided to foster parents at the state rate through a 638 contract with the Bureau of Indian Affairs<sup>32</sup>.

<sup>32</sup> In 1975, Congress passed the Indian Self Determination and Education Assistance Act (Public Law 93-638) that allowed Indian tribes and tribal organizations to acquire increased control over the management of federal programs

Currently there are 7 children in foster care, but only one who is under 5. There is no residential facility for foster children in the community so when there is a need to find one, children (mainly youth) are sent to a residential center in the Phoenix area.

As part of the Tribe's efforts around child welfare a Child Protection Team (CPT) has been created. The CPT meets twice a month on the first and third Wednesdays. It includes the prosecutor, the local elementary school, the IHS public health nurse, social worker and the Hualapai Behavioral Health services. Key informants indicated that the challenges faced by the CPT include: a) time constraints for their meetings; b) coordination with institutions or agencies outside of the reservation (e.g. not having a relationship with the Valentine Elementary school which makes it very difficult to deal with cases that involve Hualapai children in that school as the Hualapai Social Services Department is not authorized to retrieve children from the school, so the school must then involve the Bureau of Indian Affairs); c) internal coordination so that children with special needs can be diagnosed and treated early. On the positive side, key informants also indicated that the Hualapai Social Services Department has a good working relationship and coordination with Kingman Child Protective Services.

In fiscal year 2009-2010 there were 5 children in foster care who participated in the Hualapai Head Start program. In 2010-2011 only 4 children in foster care were enrolled.

### **Incarcerated Parents**

In Arizona, 3% of youth under 18 are estimated to have one or more incarcerated parents. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents<sup>33</sup>.

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress

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that impact their members, resources and governments. These agreements are referred to as "638 compacts and contracts." More information can be found at <http://www.ost.doi.gov/information/tribal/contracting.html>

<sup>33</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

disorder, and attention deficit disorder.<sup>34</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>35</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.<sup>36</sup>

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. KARE, an Arizona Children's Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

According to the US Department of Justice,<sup>37</sup> the number of inmates confined in Indian country jails has been increasing, as have the numbers of incarcerated American Indians nationwide. Of the 11 facilities in Indian Country that held the majority of inmates, five were in Arizona. About 45 percent of all inmates in custody in Indian Country were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents. [Include Region-specific information about incarcerated parents, if available]

The Hualapai Tribe opened a Juvenile Detention and Rehabilitation Center in 2009. This facility, which has a capacity for 30 tribal youth 14 to 17 years of age, houses a green reentry program called "Helping the Youth Move Forward in Beauty". This is part of a Tribal Juvenile Detention and Reentry Green Demonstration Program administered through the Office of Juvenile Justice and Delinquency Program (OJJDP). The program involves a strong cultural and environmental education component aimed at developing self-confidence and leadership skills among the youth. It focuses on reducing recidivism rates by involving youth in programs provided by tribal departments such as the local Boys and Girls Club<sup>38</sup>. [A key informant interview has been

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<sup>34</sup> Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

<sup>35</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>36</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>37</sup> Minton, T. (2011). *Jails in Indian Country, 2009*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

<sup>38</sup> <http://www.tribalreentry.org/tjdrgrantees>  
<http://hualapai-nsn.gov/government/juvenile-detention-and-rehabilitation-center/hualapai-green-reentry-program/>

*requested to collect information about current activities taking place as part of the reentry program. This information will be included here when available]*

### **Domestic Violence**

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children. Although there are no hard numbers on the rates of domestic violence in the Region, of the inmates confined in Indian country jails in 2009, about 12 percent were for domestic violence, which was down from 20 percent in 2007 [ref].

The Hualapai Tribe has a domestic violence shelter for women and children up to 12 years old located at the Social Services building. The shelter is only two years old and before it was available the Social Services Department would utilize the Hualapai Lodge as temporary shelter for victims.

### **Homelessness**

In Arizona in 2011, 10,504 people were documented as homeless, designating a homelessness rate of 16 per 10,000. Of these people, 4,101 (39%) were part of families.

In fiscal year 2009-2010 only one homeless child was enrolled in the Hualapai Head Start program. No homeless children were served in the 2009-2010 year.

In 2007, the Arizona Commission of Indian Affairs held the 27<sup>th</sup> Arizona Indian Town Hall, with the theme of *State of Indian Youth 2007: Strength in Youth*, which brought together elected and appointed public and tribal officials, policy advisors, community and business leaders, health and education leaders and youth to identify and build upon the numerous strengths of Indian youth and families, and to utilize these as catalysts for change. Many of the recommendations for strengthening and supporting families that arose at that meeting echoed those heard from key tribal informants for this report, and so may be useful to consider in the framework of strengthening the assets of the Region. The recommendations from the Town Hall included:

- Train families on how to nurture healthy family behaviors, such as: being available, showing respect, teaching, nurturing, loving, motivating, instilling identity, discipline, listening, communicating, nourishing, being a role model, protecting, supporting, being understanding, forgiving, cooperating, develop unity, honor and integrity; building awareness of support networks
- Offer more options for parenting and life skills classes for all parents and guardians, with specific programs tailored for young people

- Offer more counseling services and classes from traditional spiritual leaders, elders, and others that focus on behavioral health
- Teach community-oriented native languages, culture, values and traditions, and ask elders to participate in teaching cultural-related activities
- Increase and expand communication between state/tribal/local entities to foster improved collaboration, implementation and planning of family-nurturing programs

Participants in the Town Hall also noted that community programs and events that reflected community and culture, required family involvement, included incentives and meals, and that were accountable to some entity were the most successful.

*[Additional information from key informant interviews will be added to this section]*

## Public Information and Awareness

[This section will include qualitative findings from key informant interviews in the Region. Quantitative data from the 2009 First Things First Family and Community survey will also be included when relevant. ]

## System Coordination

[This section will include findings from key informant interviews in the Region]

## Summary and Conclusion

[Here is a very rough outline of how the summary might be put together....This is NOT a full analysis, just an example]

This Needs and Assets Report is the third biennial assessment of early education and health services in the First Things First Hualapai Tribe Region. Through both quantitative data assembled, and through the interviews with key informants in the community, it is clear that the Region has substantial strengths. These include a strong Head Start program that provides care, early education and health services to a large proportion of three and four year old children in the area; [additional assets].... A table containing a full summary of identified Regional assets can be found in Appendix XX.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the Region. Many of these have been recognized as ongoing issues by the Hualapai Regional Partnership Council and are being addressed by current First Things First-supported strategies in the Region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of Hualapai Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2013 is provided in Appendix XX

- **Low educational attainment combined with a need to raise the awareness of the importance of early childhood and a parent's role in supporting health and development –** Although the proportion of children who are enrolled in some kind of childcare setting is higher in the Hualapai Tribe Region than in the rest of the state, levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. [Note the implications for parenting training, and the appropriateness of targeting middle school as the place to introduce age-appropriate developmental information (e.g., through their babysitting work, etc).....In addition, a statewide communications campaign is being promoted to expand public awareness of, and the financial and political support for, early childhood development and health.]
- **Limited availability of qualified child care and early education staff and the need to increase the number of 'home grown' providers** – the construction of a new child care facility represents an important asset in the Region. However, staffing of the facility may be a challenge. In addition, the Head Start program staff must also comply with requirements for increased educational attainment with limited opportunities available locally for professional development. Linking existing efforts both within the tribe and also at the county/state level in the area professional development for early childhood education staff might help alleviate the high need for training (e.g. link "babysitting" class offered at the Peach Springs school by the Hualapai Child Care Program with Kingman high school's dual enrollment efforts, etc...)



This report also highlighted some additional needs that could be considered as additional targets by stakeholders in the Region.

- **Support for teen parents** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child, programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed. Programs that involve and educate teen fathers would also help strengthen and stabilize young families.

Although the dire economic climate in the State presents challenges for families across the rural areas, the Hualapai Tribe Region has some substantial strengths that can help it deal effectively with these....

## Appendix x. Hualapai Tribe Enrollment, 2010

Tribal Members					
AGES	MALES ON RESERVATION	MALES OFF RESERVATION	FEMALES ON RESERVATION	FEMALES OFF RESERVATION	TOTALS
65-80	12	7	33	17	69
54-64	49	29	65	35	178
43-53	77	55	72	75	279
32-42	74	72	71	82	299
21-31	101	111	131	93	436
16-20	72	87	59	78	296
0-15	210	110	202	99	621
Totals	595	471	633	479	2178

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